

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, DECEMBER 23, 1869.

[VOL. IV.—No. 25.]

**Original Communications.**

**A CASE OF STRICTURE OF THE LARGE  
INTESTINE THE RESULT OF ULCERATION.  
DEATH FROM PERFORATION. AUTOPSY.  
REMARKS.**

By JOSEPH G. PINKHAM, A.M., M.D., Lynn, Mass.

The patient was a married lady, aged 60, the mother of two children. She described herself as being by inheritance of a delicate constitution. Her mother and one brother died of consumption. An aunt died of cancer of the bowels. Father afflicted with asthma. For many years previous to the occurrence of the abdominal disorder she was obliged to be careful of her diet, and had frequent attacks of acute indigestion, attended with vomiting and headache. She was also much subject to constipation, and to relieve this condition had been accustomed to rely upon mercurial and aloëtic purgatives, their effect being, in her estimation, very beneficial. With the exception of an attack of erysipelas at the age of forty-five, she never had any serious acute illness. In the month of December, 1867, after attending an evening lecture, in going to which she was somewhat exposed to cold, and partaking of old cheese, an article of food that always disagreed with her, she had a severe attack of colic, so called at the time, characterized by great flatulence, obstinate constipation, vomiting (not stercoaceous), and pain of a paroxysmal, gripping kind. The distention of the bowels was excessive, and the patient became much reduced in strength from the almost constant vomiting. An evacuation of the bowels, however, occurring spontaneously, after the lapse of two weeks, gave relief, and recovery took place. The patient enjoyed her usual degree of health for upwards of a year, until February, 1868, when a second attack occurred, altogether similar to the first, the period of intestinal inaction being about ten days. Recovery from this was less complete than before, and subse-

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quently the attacks occurred much more frequently, although with no regularity either as regards the intervals, duration, or severity. Abundant mucous discharges were occasionally observed. At times, though rarely, they were tinged with blood. She was under the charge of several different physicians, who gave varying opinions as to the nature of her disease. One considered it to be essentially flatulent dyspepsia, and treated her accordingly. Dr. Warner, of Boston, who saw her in the fall of 1868, diagnosticated an enlarged liver, and gave hepatics with evident benefit. Dr. H. R. Storer at the same time determined the existence of an hypertrophied condition of the descending colon, the fact being ascertained by palpation when the abdominal walls were completely relaxed, and the intestines empty. Both these gentlemen were of the opinion that her severe attacks were caused by, or consisted in, a spasmodic contraction of the circular fibres of the muscular tunic of the intestine, brought on by exposure to cold, over-fatigue, acute indigestion, &c., conjoined with a condition of chronic inflammation or irritation of the mucous membrane lining the colon. I should mention that hæmorrhoids existed, and were at times quite troublesome, a fact which went to confirm, perhaps, the existence of hepatic disease. Dr. Storer made a careful examination of the pelvic organs, and discovered nothing abnormal. In the winter and early spring of 1869 she was under the charge of Dr. Hutchins, of West Acton, Mass., who concurred in the view that the most prominent element of the severe attacks was spasm of the intestine.

At the first, resort was had to injections of laudanum to control the pain, but all measures for her relief, whether enemata, cathartics given by the mouth, hot fomentations to the abdomen, the warm bath or other means for producing an evacuation of the bowels and relaxing spasm, were only partially successful, and no course of treatment pursued in the intervals was able to ward off the attacks.

I first saw her on the 17th of April, 1869.

[WHOLE No. 2186]

The following extracts from my note book will show her condition at that time, and the progress of the case.

"Patient about house and comfortable. Looks wan and anæmic. Tongue bare, red, tender, and slightly fissured. Eyes sunken. Pulse feeble, 100 and upwards per minute. Appetite tolerably good. Craves acid, and is very thirsty. Stomach irritable. Fæcal discharges frequent, dark-colored, and liquid, with occasional lumps of white matter, and pieces of thin, brown membrane. Complains of frequent puffing up of the left colon, attended with borborygmi and pain. The distention and pain always begin in the region of the sigmoid flexure of the colon. On careful palpation of the abdomen, no tumor of any kind can be discovered, but the lower part of the descending colon can be felt as a soft rope under the fingers, and the edge of the liver as a hard ridge below the ribs. Specimens of urine and fæcal matter sent to Dr. James C. White, of Boston, for analysis.

"April 18th.—Dr. White reports examination of urine and fæcal matter as follows:

'Urine contains a trace of albumen, hyaline casts of the tubuli without contents in great abundance, epithelial debris, and a large number of crystals of oxalate of lime; fæcal matter—result negative.'

"April 27th.—Patient has been suffering somewhat since last visit with pain, swelling up of bowels, especially of left colon, borborygmi and constipation, followed by loose discharges giving relief. Solid fæces always small—not more than one-half inch in diameter. Last free evacuation on the 24th inst. Found the bowels tympanitic and tender, distention most marked in descending colon. Pulse as before. No vomiting; tongue improved in appearance, less thirst, general strength increased. Tried to pass a long flexible stomach-tube a little more than one-fourth inch in diameter up into the bowels; it passed up some fifteen or sixteen inches, and then bent upon itself four inches from the end. Injected through it warm flax-seed tea Oiss., which was retained but a few minutes, some fæcal matter and flatus coming away with it. A small rectal tube one-half inch in diameter was then resorted to. This passed in about ten inches, when, the patient complaining of pain, further introduction was not attempted. Another injection was given, and the patient placed upon her back with the hips elevated and compress over the anus, but she could not retain it long."

After seeing so much of the case, I was decidedly of the opinion that there existed a

permanent stricture or narrowing of the calibre of the intestine at or near the sigmoid flexure of the colon; that this narrowed place frequently became clogged by fæces, solid masses of undigested food and tenacious mucus; that there was a very bad form of flatulent dyspepsia, with, probably, hepatic disease. I admitted the possibility of spasmodic action of the intestine, but could not see decided proof that such was the case. The discharge of mucus sometimes tinged with blood showed the mucous membrane of the colon, for a portion of its extent, at least, to be in a condition of chronic inflammation, so-called, with the presence, perhaps, of ulcers. The blood, however, could be accounted for by the hæmorrhoids. Renal disease, proved to exist by the careful examination of the urine which had been made by one in every respect competent, had not yet manifested any of the ordinary symptoms. Whether it were primary or secondary, or whether it had anything to do either in causing or aggravating the abdominal disorder, I am unable to decide.

The plan of treatment which I adopted after arriving at my diagnosis, was essentially as follows:—1. A strict regulation of the diet, allowing only the most nourishing, concentrated, and easily digested articles of food, chiefly in a liquid form—such as eggs, milk, beef tea and broths, wheat bread, &c. 2. The administration of nitro-hydrochloric acid as an aid to digestion. 3. The use of carbohc acid per mouth and rectum to prevent the formation of intestinal flatus, and to act locally on the diseased mucous membrane of the alimentary canal. 4. A mild laxative and tonic pill in the intervals, or especially when an attack was threatened. 5. To control the pain, at times excessive, I gave hypodermic injections of morphine and atropine at first; but the process of injection being disagreeable to the patient, I substituted suppositories of morphine (one-half grain) and extract of belladonna (grs. ij.) made up with cocoa butter. These operated admirably, and by their employment the patient was kept comparatively comfortable, even in the most severe attacks, for the remainder of her life.

Subsequently other courses of treatment were pursued, but none seemed to have a better effect than the one I have described.

"April 29th.—Some castor oil given yesterday caused vomiting after a few hours. Partial evacuations were obtained last night and this morning by means of enemata. Abdomen less distended.

" May 6th.—Patient comfortable. Bowels loose.

" June 5th.—Having a very severe attack. Bowels much distended with flatus. Pulse feeble, 120 per minute. Extremities cold. Mind wandering. Has used the suppositories quite freely of late. Their effect is to entirely relieve the pain, and the patient thinks that in many instances they have warded off attacks. Gave stimulants, under the influence of which the patient rallied.

" 9th.—Consultation with Prof. D. H. Storer, of Boston. After a very careful and thorough examination the Doctor gave the diagnosis of 'wind colic.' No tubercles could be found in the mesentery—no tumor of any kind—no sufficient evidences of malignant disease. Still the possibility of some serious organic lesion of the large intestine was admitted. Advised the use of sulphuric ether to relax the intestinal spasm, and particular attention to the diet. Medication deemed useless.

" 11th.—Sulphuric ether employed, with no beneficial effect.

" Aug. 21st.—About house. Pulse nearly 100. Both legs markedly cedematous; feet sore. Abdomen distended, and yields tympanitic sound on percussion. No evidence of liquid in abdominal cavity. Has much pain. Stools yeasty; diarrhoea. Urine scanty; urea less than normal; a trace of albumen. Examination with the microscope gives the same result as before, except that the evidences of renal disease are more decided. Some fat globules and pus cells.

" Sept. 10th.—Died from rupture of the bowels. Had had no passage for two weeks. Suffering excessive, when not under the influence of opiates. The rupture was attended with gurgling sound, apparently proceeding from the groin. The patient herself called attention to the occurrence, and, her agony being insupportable, her friends kept her under the influence of ether until she expired, one hour after the accident."

No formal autopsy was permitted, but as the corpse was to be kept some time before burial, it was deemed advisable to lay open the abdominal cavity and make some antiseptic applications. In this way I was able to obtain a partial and hasty examination. The following points were noted:—Abdomen distended almost to rupture of walls. On laying it open a great quantity of gas escaped, having an odor of sulphuretted hydrogen. Cavity contained a large amount (estimated at twelve quarts) of

dark-colored, completely liquid fecal matter. Right lobe of liver apparently larger and harder than normal. Large intestine hypertrophied, especially the descending colon. A stricture of the sigmoid flexure, at or near its junction with the rectum, plugged with mucus, causing complete obstruction. The portion containing the stricture was removed, and is herewith figured.



Above the stricture the intestine is much distended and its muscular coat hypertrophied, probably from the increased labor which had been thrown upon it in the propulsion of fecal matter. Above the stricture for an inch or more are numerous ulcerated patches, with irregular margins, the ulceration extending through the mucous membrane. At the superior margin of the stricture there is an unyielding band surrounding the intestine. Through this, or just above it, is the perforation which was the immediate cause of death. All around the perforation, and in one other place, the ulceration has extended through the peritoneal investment of the intestine. Below the band spoken of, the mucous membrane is thickened and to some extent thrown into folds. No marked induration at any point. There is a dark discoloration of the tissues in the immediate vicinity of the main ulcer, but only to a limited extent.

Drs. Calvin Ellis, Chas. D. Homans, and D. H. Storer, of Boston, saw the specimen soon after its removal, and united in ex-

pressing the opinion that the disease was not malignant. Dr. J. B. S. Jackson examined the specimen after it had been kept several weeks in alcohol, and kindly sent me the following note in regard to it, with permission to publish it in connection with this report.

"The specimen which you sent to me some time ago seemed to be one of common ulceration of the intestine. The contraction, however, at the seat of the disease was very great, and such as I have never seen in the ulceration from typhoid fever, chronic diarrhoea or phthisis. In annular stricture, as it has been called, and which, before I examined your specimen, I thought that it might be, the contraction is generally very much greater, and, twice at least, I have seen it impervious to water. There is also a scirrhous density of the affected parts and an ill-defined abrasion of the mucous surface, rather than the open and well-defined ulceration that existed in your specimen; the disease being probably somewhat of a malignant character, though I do not suppose that the tissue would show the 'cancer cells.'"

#### REMARKS.

The history of the patient, and the testimony of the eminent gentlemen mentioned above, render it measurably certain that the stricture in this case resulted from the cicatrization of common ulcers, and not from malignant disease.

According to Rokitsansky, stricture of the intestine may be the consequence of tubercular, dysenteric or catarrhal ulceration. With reference to these several forms of ulceration, he says:—"Catarrhal phthisis" [a wasting of the mucous membrane by ulceration in catarrh of the intestines] "thus occasions a contraction of the intestinal canal, which becomes more considerable after the cure of the former. Cicatrization is effected by a dense, resisting, cellulose-fibrous tissue, which compresses the mucous membrane in the vicinity of the loss of substance, or the solitary, insular remnants of the mucous membrane into plicated, polytymous tumors."—(Path. Anat., vol. ii. p. 60.)

In the dysenteric process the ulcers contract, "so as to bring the edges of the mucous membrane into apposition with one another, and with the polytymous remnants of the mucous membrane;" or, when the loss of substance is extensive, "the deeper layers of the tissue which takes the place of the mucous membrane are frequently condensed into fibrous bands, which form corded projections into the intestinal cavity, in-

terlace with one another, and not unfrequently encroach upon the calibre of the intestine in the shape of valvular or annular folds, thus giving rise to stricture in the colon of a very peculiar form;" or, still further, in chronic dysentery, "the concurrent contraction of the intestinal tube probably causes in this case, also, a diminution of its calibre."—(Loc. cit., pages 76 and 77.)

"The cure of a tubercular intestinal ulcer is always accompanied by a diminution of the intestinal calibre." (Loc. cit., page 83.) But the ulcer which accompanies typhoid fever never, he affirms, results in stricture. "It is singular and characteristic of the typhous ulcer and its cicatrix, that it never in any way gives rise to a diminution of the calibre of the intestine." (Loc. cit., page 66.) Other authorities, so far as I have learned, agree with this statement.

Notwithstanding the broad assertions of Rokitsansky, the occurrence of intestinal stricture as a result of any form of ulceration must be extremely rare. Generally it may be stated, I think, that intestinal ulcers heal without producing any marked contraction. This seems a fortunate provision, for were the disposition to contract, in these cases, as great as in external cicatrices, stricture of the intestine would be very frequent. How frequent, we may understand by considering the common occurrence of intestinal ulceration from various causes, as dysentery, chronic diarrhoea, typhoid fever, and abdominal phthisis. Dr. J. B. S. Jackson, whose opportunities for observation have been excelled by few, says that in common ulceration, from whatever cause it may proceed, the tendency is not at all to contract. He never saw a case before in which the contraction was nearly as great as in mine.

It is probable that contraction takes place in many instances without producing any notable degree of stricture, or giving rise to subsequent trouble. Where the contraction is great, as in the case reported, there has in all likelihood been a re-occurrence of ulceration. It is a well established fact that cicatricial tissue takes on the ulcerative process much more readily than normal tissue. In the present instance the cause of the ulceration and its result, can be clearly understood, I think, from the history of the case. The patient was subject to constipation and various other disturbances of the alimentary canal. She made frequent use of purgatives, and in this way kept the mucous membrane of the intestines in a condition of chronic irritation if not of in-

inflammation. There are evidences from the character of the alvine discharges that ulceration had taken place previous to the severe attack of colic and constipation in December, 1867. At that time it was the occurrence, perhaps, of ulceration, which loosened the impacted contents of the colon, and caused a spontaneous evacuation. A degree of contraction followed the healing of this ulcer, and henceforth the narrowed portion of the intestine became a centre of irritation, being rubbed against by the fecal masses in their passage downward, and more ready to ulcerate from the fact that ulceration had occurred before. The second attack, a little more than a year after the first, aggravated this condition; and finally the contraction became so great that periods of complete obstruction were both preceded and followed by diarrhoea. It is true the diarrhoea was often lienteric in character, and this circumstance, together with that of the formation of flakes of half-dried mucus and pus, almost like false membrane, may explain the later attacks. The hepatic disease, by maintaining portal congestion, and deranging primary digestion, contributed its share, not an insignificant one, to the final result.

A few words may not be out of place here in regard to the diagnosis of "spasmodic stricture," which was made in this case with so much unanimity by the great majority of physicians who had anything to do with its treatment. In the lower part of the rectum, where a positive diagnosis is possible, spasmodic stricture is known to occur and to be a cause of obstinate constipation. The finger or the bougie introduced will detect the narrowed portion of the intestine, and whatever fecal masses may succeed in passing the stricture will be small in diameter, and perhaps ribbon-shaped. When the spasm relaxes a free evacuation of the bowels occurs, and the intestine is found on examination to be of its normal calibre. In such a case it is probable that the stricture is produced and kept up by hard feces pressing downwards on an irritable portion of the bowel, just as, not unfrequently, the finger in passing upwards causes spasmodic contraction and renders a complete examination impossible. Some permanent strictures appear as though they had arisen from the long continuance of spasmodic stricture. I am unable to see why this condition of things might not obtain higher up in the rectum, or even in the colon, although less probable there owing to the relative thinness of the muscular coat in these situations. The theory of spasmodic

stricture would offer a rational explanation of nearly all the symptoms in the case reported. There are two facts, however, which in my opinion exclude it, viz. —1, The uniformly small diameter of the solid fecal masses, even in the intervals of obstruction. 2, The failure of the warm bath, sulphuric ether, &c., to produce an evacuation.

#### DR. PASSAVANT'S OPERATION FOR BREAKING UP POSTERIOR SYNECHIAE.\*

Translated by B. JOY JEFFRIES, A.M., M.D.

"It is with great pleasure that I comply with your request to send you some details of an operation I have now practised more than a year, for breaking up posterior synechia. I will omit speaking of the endeavors hitherto employed to accomplish this, and only claim that they warrant our seeking some other method. I also omit the indications for operative interference in these cases, and would say in general that I have practised my operation where there were several synechia, and even broad ones, as well as where there were but single points, and up to this time with perfect success.

"This little operation consists in simply making a puncture at the edge of the cornea, passing in the iris forceps, grasping the iris, and by gently drawing breaking away its attachment at the pupillary edge. The forceps are then withdrawn without bringing the iris into the corneal wound. I employed this operation for the first time last year, on an eye with cataract, where there was a posterior synechia, intending to excise by iridectomy the portion of the iris grasped by the forceps should it inflame. There did not seem to me to be any other fear from the operation, provided the iris did not get fastened in the wound. Freeing posterior synechia by iridectomy had long ago taught us that there was no danger for the anterior capsule from these being broken up. The little corneal wound

\* This is translated from a letter of Dr. S. Passavant to Prof. Graefe, which the latter published in the "Archiv für Ophthalmologie," 1869. In explanation of the operation I would say, that these synechia or attachments from inflammation, of the iris to the lens capsule or cornea, are the fruitful source of repeated attacks of iritis, and their removal has been attempted in various ways. The danger to the capsule and lens has, however, till now almost prevented ophthalmic surgeons from interfering, in the methods heretofore proposed and carried out. This little operation, so modestly set forth by Dr. Passavant, has proved eminently practical and successful, as we can attest, and we trust this notice will serve to attach his name to it. We regard it as next to iridectomy in importance, which it will of course naturally supplant in many cases.

was still less to be feared. The result of this first operation was so satisfactory, without a trace of reaction, that I soon employed it on eyes without cataract. How little injurious it is to the eye, is seen from the fact that in more than fifty such operations I have not had a single bad sequela, and in some cases where there were several attachments, I repeated the operation on the same eye within a few days, once or twice within two days.

"I always made the puncture with the lance knife at the anterior junction of cornea and sclerotic, so that the internal aperture of the little wound should be far enough from the periphery of the iris to avoid its prolapsing, and yet sufficiently peripheric to allow me to easily grasp the iris. The puncture was made on the same side as the synechia, and large enough to allow an iris forceps to open readily. When the forceps enters, the aqueous humor flows off. Grasping the iris, gently drawing, letting go and carefully withdrawing the forceps, and we finish this slight operation. When there were two synechia close together, and the first pull did not free them both, I have again grasped the iris to free the second. I would, however, rarely recommend this procedure, but rather advise content with the freeing of a single synechia at a time, putting off to another day any lying beyond. This seems to me safer than a lengthened delay of the forceps in the anterior chamber, with the aqueous wholly or in part flown off.

"The iris getting pinched into the wound is the worst danger to be feared from this little operation. I have fortunately so far avoided it. If the iris, in spite of our best care, gets into the wound, it would be advisable to replace it most carefully, using a delicate spatula, or some such appropriate instrument. To avoid the iris sticking to the points of the forceps after we have opened them, and thereby being drawn into the corneal cut, I would recommend blunt-pointed forceps, without the sharp teeth closing together. I have used an old, very blunt pair of toothed forceps. The following will show that this apprehension is not simply theoretical. I learned from one of my colleagues, to whom I recommended this operation, that he employed it five times in freeing five attachments of the pupil in the case of a young man; a few days intervening between the several operations. In the right eye there were two, in the left three synechia. In the left eye the operations passed off well, leaving a perfectly movable pupil. In the right

eye the pupil became movable, but at one puncture the iris became attached to the corneal wound, producing a peripheric anterior synechia, which healed with slight inflammatory reaction.

"The freeing of a single, or even of several, fine attachments of the pupillary edge to the lens capsule, is so readily done by the method described, that any verification by details of cases seems superfluous. I may be allowed, however, to describe a single case, of those now in hand as an example, since it is one where several broad attachments were broken up.

"A girl 19 years old has had for a long time posterior synechia in both eyes. In the right eye there were two fine attachments at the upper part of the pupil, and a third broader one below. In the left eye there were four synechia; three of these were small, the fourth, on the inner side, a broad one. Repeated application of atropine could not break these attachments. There was also slight choroiditis. These cuts represent the pupils under atropine, the drawing being four times enlarged.



"All these attachments were broken up with intervening periods of from three to eight or ten days, during which the patient went home and followed her home occupations. The first operation was done April 14th, 1868, and the freeing of the last attachment June 15th, 1868. The pupils are now round and perfectly movable. The magnifying glass shows spots of black pigment left on the anterior capsule, where the synechia were broken. It should be stated that notwithstanding the freeing of all the attachments, the choroiditis continued, calling for local bleeding up to October; not, however, as I can see from other cases, in consequence of the operative interference, but in spite of it. The future must say whether the perfect freeing of the attachments has removed or only lessened the tendency to new synechia. As yet I have seen no return. This is the most desired result.

"It scarcely requires to be said in conclusion that the eye must be well fixed during this operation, and kept closed afterwards till the corneal wound heals. We have other methods of breaking anterior synechia; I will, however, state that I have employed this, to free several such attachments near the pupillary edge.

"I shall be pleased if this little operation, whose success I have so often already witnessed, meets with your approbation."

### Selected Papers.

#### INVERSION OF THE UTERUS.

From an elaborate paper on this subject by Dr. Gaillard Thomas, in the *American Journal of Obstetrics*, we make the following extracts:—

The second method of taxis consists, not in manipulating the "constricted orifice in which the operator engages his fingers," so as to "dilate in advance the muscular fibres which oppose reduction," as Aran and Becquerel express it; but in dimpling or indenting the fundus itself, so as to make of the indented or invaginated portion a species of wedge, which is forced into the cervical constriction. In recent cases of inversion occurring, as the vast majority of these cases do, after labor, 350 out of 400 reported by Croisse having done so, the centre of the fundus may be indented and carried up through the cervical canal; and even in chronic cases such an invagination is much more practicable than one would theoretically suppose. As a general rule, however, my impression is that the manipulations practised on the fundus act, not in this way, but in overcoming cervical resistance, and thus accomplishing in a more indirect and imperfect way what the French method, styled the method of Viardel by Becquerel, does by engagement of the fingers within, and direct expansion of, the cervical constriction.

Dr. Emil Noeggerath, of this city, has offered a modification of the second plan, which I have resorted to with success on two occasions which will be hereafter reported, and which I regard as one of the most valuable suggestions which has been made of late years with reference to the subject. His method consists in compressing the uterine body, opposite to each horn, so as to indent one of these, and thus offer to the cervical canal a wedge, which passes up and is followed rapidly by the other horn and the whole body.

My experience in the reduction of three of my cases has been this:—the first result of manipulation has been to overcome the resistance of the cervix, so that the whole of this part turned over and enfolded the body, further progress being stopped by resistance at the os internum; then one

horn has gradually become indented, and thus the second part of the process of replacement has been effected. \* \* \* \*

Among certain comments on a case published in 1857 by Dr. Worster, of New York, where Dr. Thomas was engaged in consultation, the latter remarks as follows:

At the moment of reduction in this case, the fibres of the cervix having yielded as far as those of the os internum, which still offered a resisting stricture, I was pressing the thumb upon one horn and the index-finger upon the other, after Noeggerath's method. While doing this, I was conversing with the gentlemen who were with me, when, suddenly, my thumb sunk into an indentation. Supposing this to be due to penetration of the uterine tissue, I was about to withdraw my hand and report the accident to Dr. Worster, when, to my surprise, I found upon slight increase of pressure that the indentation increased. I now perceived that the horn had receded, and in a minute or two more the whole uterus rose into its place.

One point upon which Dr. Worster does not, in his essay, lay that stress which I think it deserves, is this:—at the commencement of the attempt I proposed making counter-pressure, not by the fingers, but by a conical plug of boxwood, with a handle a foot long, which I carried for the purpose. This plug was not introduced through the vagina, but was used thus:—the hand in the vagina lifted the cervix against the abdominal walls, so that the cervical ring could be felt through them, and the plug was then pressed into the ring by pushing before it the abdominal walls. During Dr. Worster's efforts I held this plug forcibly in the cervical ring, and during my efforts he did the same for me. It may have had no influence in dilating the constricted cervical canal, but it is worthy of attention as a rational attempt to accomplish that result. To my mind, and to that of Dr. Little, it appeared that its effect was evidently good. \* \* \* \*

CASE IV.—On the same night upon which I received Dr. Bishop's note requesting a consultation in the case just narrated, I received a letter from Mr. B., of Louisville, Kentucky, detailing the following facts:—

He stated that his wife, aged 23 years, a native of Indiana, had enjoyed good health until twenty-one months before that date. At that time she bore a child, and since then she had been an invalid.

Subsequent to this, menorrhagia of most profuse character had occurred at each

menstrual period, and for its relief she had sought medical aid. The physician who was consulted prescribed astringents, and hemostatics, but did not explore the vagina for the cause of the difficulty. Eight months after her labor she fortunately applied to Prof. Henry Miller, of Louisville, the accomplished author of "Miller's Principles and Practice of Obstetrics." This gentleman at once recognized the nature of the difficulty, and proceeded to apply the proper remedy. On five occasions he anaesthetized the patient with chloroform, and employed taxis for an hour and a half. Each effort thus made was followed by the systematic employment of pressure by means of the vaginal air pessary. All his efforts were of no avail. The patient became exhausted and discouraged, and leaving Louisville, sought the aid of Prof. Theophilus Parvin, then residing in Indianapolis.

Prof. Parvin made five determined and prolonged attempts, each one lasting from four to six hours, the patient during their continuance being under the influence of ether, and each being followed by the air pessary. All these efforts resulted in failure, and the patient, exhausted and almost desperate, returned to her home in Kentucky. Here she met with Dr. W. M. Allen, who advised her to make still another trial, and, in accordance with his counsel, she came to me about the last of August.

Upon Mrs. B.'s arrival in the city I was away, but saw her on the 1st of September. When Mr. B. had written to me, asking for a frank statement as to what hope I could hold out, my reply was, that after Professors Miller and Parvin had failed I was inclined to promise nothing. My mind, however, was so possessed by the idea that belladonna, the warm douche, and the abdominal plug, by which I had twice succeeded, once in a rebellious case, and once very rapidly in a simple one, would succeed in this, that I urged him at least to let me make an effort.

I found Mrs. B. to be a delicate, fragile blonde, weighing about ninety pounds, very pale and exsanguinated from profuse menorrhagia, which had occurred at intervals for twenty-one months, and much disheartened by the failure of her eminent medical advisers.

The patient was rapidly brought under the full influence of belladonna, administered by rectal suppository, and the warm douche was employed three times daily, for an hour each time. At the end of a week she was anaesthetized with ether, placed upon the back upon a table, and, aided by Drs. Nott,

Metcalfe, and Walker, I proceeded to make my first attempt at reduction by taxis. For an hour I tried faithfully all the varieties of taxis to which allusion has been made in this paper, and made counter-pressure by the abdominal plug, but all to no purpose. The cervix expanded nearly up to the os internum, but no further would it yield.

Filling the vagina with a caoutchouc bag, and distending this with very warm water, she was now put into bed. On the next day, at the same hour, exactly the same procedure was gone through with, Dr. Sabine replacing Dr. Metcalfe in the consultation, on account of the indisposition of the latter gentleman. The result was the same, and at the conclusion of the attempt the bag was replaced, filled with warm water, and on the next day the third trial was made.

At the end of the hour no advance was obtained, and I now began to share in the opinion of Dr. Miller, that adhesions existed within the sac, and that no amount of taxis would ever reduce the displaced fundus.

For cases in which reduction has been so far effected that the fundus can be pushed up to a level with the external os, Dr. Emmet has advised and practised a method which appears to me to be most excellent. It consists in closure of the os externum by silver sutures, so that the fundus, imprisoned in the cavity of the neck, tends to dilate the constriction near the os internum. At a subsequent period the stitches are removed and taxis is practised again. I should have resorted to this plan here, but the fundus was never sufficiently high to admit of its retention in this way. Dr. Emmet's method will be found described at length in the *Amer. Jour. of the Med. Sciences* for January, 1868.

On the next day we met again, in the case of Mrs. B. Being desirous of giving the patient the advantage of every resource which would save her from a dangerous capital operation, I went to the consultation prepared to offer two suggestions: the first was that I should pass a delicate tenotome through the fundus, carry it up through the cervical canal, and incise its four sides so as to cut through the constriction existing there, and due to the fibres near the os internum;\* the second was,

\* *Reduction of Uterine Inversion.*—In the *Lancet* for the 24th of April, 1868, Dr. Robert Barnes mentions a case of inversion of six months' standing in which taxis had been tried on five consecutive days without any change. Dr. Barnes then made three longitudinal incisions on the neck of the womb, so as to destroy the resistance of the circular fibres; and the taxis employed immediately afterwards brought about a complete reduction. The patient made an excellent recovery.—Ed. B. M. and S. J.

that I should draw the uterus outside the body and cut downward through the mucous membrane. The patient having been anesthetized, I manipulated as usual, except that I employed greater force, for twenty minutes. At the end of this time, no progress being observed, we consulted upon my propositions, and, with the acquiescence of my colleagues, I pushed the uterus up as far as it would go, then, fixing by my finger the point of constriction, I drew it down, and cut down through the tissue of the neck, the incision first involving the mucous membrane and extending down toward the subjacent peritonæum, as recommended by Aran.\*

No sooner was the knife withdrawn than a free jet of blood was projected from an artery which appeared nearly equal in size to the radial. This jet was not per saltum, but steady, as it is often seen to be from small arteries located in dense fibrous tissue. I presume that I cut the circular artery of the neck, which had become increased in size by the displacement of the uterus. For a half hour we strove to ligate this. Upwards of a dozen ligatures were one after another applied, but the vessel had retracted into the brittle tissue of the uterus, and could not be tied. Dr. Walker went for the actual cautery, but before his return the flow was checked by Dr. Nott's passing a suture through both lips of the wound, and bringing them forcibly together. Of course all efforts at taxis were at an end, for the present; nor did I think it wise or warrantable again to renew them; for fourteen efforts had now been made without any promise of success.

The case then presented itself in the following aspect. Here was a patient whose exsanguinated condition and tendency to profuse hemorrhages demanded relief from an evil that would soon destroy her life, which on more than one occasion had been in danger from excessive flooding. Taxis had been tried fourteen times, some efforts lasting from five to six hours, and only one less than an hour. The constriction which resisted reduction had been cut at infinite risk, and all had failed. The only recognized operation which now offered itself was amputation, and at the thought of this the patient revolted.

Under these circumstances I proposed an operation which throughout the progress of the case I had kept in reserve, and which, two years before it, I had fully elaborated

in my mind. It was, that I should make an incision two inches in length through the abdominal walls and peritonæum, just over the cervical ring; pass into this ring a steel dilator, made on the principle of a glove-stretcher; stretch the constriction; and return the uterus to its place. The propriety of the operation being concurred in by my colleagues, and by my partner, Dr. Metcalfe, it was explained to Mr. B., and all its important bearings made clear to the patient herself, of whom I had seen enough to know that her unflinching courage was equal to any trial which promised release from the unfortunate state which for nearly two years had embittered her life and destroyed her usefulness.

After ligation of the circular artery, the mucous membrane of the uterus sloughed extensively and the patient appeared much exhausted. In a week from this time, however, she was in a fit condition for the operation proposed, and it was appointed to take place on the 16th of September.

The instrument \*\*\* was promptly and artistically executed for me by Messrs. Darrow & Co., of No. 1217 Broadway, and I obtained a small anal speculum, and a dilator for stricture of the rectum, to be employed, should sufficient dilatation not be accomplished by the instrument \* \* \* \*

On the 16th of September the operation was performed in presence of Drs. R. P. Howard, of Montreal; Hutchison, of Brooklyn; S. W. Francis, of Newport; and Nott, Sabine, Metcalfe, Markoe, G. T. Elliott, Noeggerath, Jas. L. Brown, and Walker, of New York. The patient having been put under the influence of ether, Dr. Metcalfe introduced his hand into the vagina, and lifted the uterus so that I could detect the cervical ring against the abdominal wall. I then slowly cut down upon the median line, as for an exploratory incision in ovariotomy, and leaving the wound exposed to the air until all oozing had ceased, cut into the peritonæum. I then inserted my finger into the uterine sac, and found no adhesion whatever to exist. Replacing Dr. Metcalfe's hand by my left hand, I now inserted the steel dilator, and, \* \* \* \* dilated the stricture.

The dilatation was exceedingly easy and rapid, but I found that as I withdrew the dilator, the tissue of the organ would at once contract. After dilating the stricture fully, I partially returned the uterus, after some effort, in the same manner in which reduction was accomplished in Dr. Emmet's case. Drawing it down to the vulva, I

\* *Mal de l'utérus*, p. 306.

rapidly pushed it up, and was gratified at finding that it was nearly replaced. Drawing it down again, this time outside of the body, to my dismay I discovered that the artery, cut one week before, was spouting freely. I now saw that success must be attained at once, or that it would elude my grasp when just within it. Actuated by this feeling, I rapidly returned the organ, and was delighted to find one horn rise into place. But the additional force employed was a little more than the vagina could bear, and one finger passed through between the uterus and bladder. One horn was still inverted. Passing the dilator into this, I stretched it open, and instantly the uterus resumed its normal position.

The time of the operation was noted by Dr. Samuel W. Francis, as follows:—patient under ether, 1 hour and 2 minutes; time occupied in opening peritoneum, 17 minutes; time occupied in returning uterus, 27 minutes.

After this the patient rallied rapidly, and her delight at learning that the obstinate inversion had been really overcome unquestionably acted as a stimulant to recovery.

The abdominal wound was closed by four silver sutures, involving the peritonæum, and dressed with cold water. The vaginal rent was not interfered with.

On the next day the artery, which had already given so much trouble, began to give forth blood so freely into the vagina and through the vaginal rent into the peritonæum, that I thought the hæmorrhage would end fatally. The pulse ran up to 160 to the minute, the face and extremities became cold, and so imminent did the danger of exhaustion appear to me that all preparations were made for transfusion.

Before resorting to this measure, I tried to check the flow by elevating the foot of the bed two feet, so as to throw the whole aortic column of blood back upon the heart, and applied a bag filled with tannin against the os uteri. These measures happily succeeded, and hæmorrhage ceased entirely.

Subsequent to this period, the patient recovered without a single unfavorable sign; the peritoneal edge of the abdominal wound healed by first intention, and on the eighth day after the operation she left her bed for her lounge.

This operation was by no means perfect. The instruments which I employed for dilatation were, I found too late, inefficient, and means for keeping open the constriction, after removal of the dilator, were entirely wanting. I feel very sure that were

I to essay it again, which I should not hesitate to do in a case which had resisted all minor means, as taxis, vaginal pressure, &c., and for which no resource but amputation remained, I should succeed more rapidly, easily, and with less risk to my patient.

In reading the description of such an operation as this, the first idea which is likely to take possession of the mind is that of its being a very bold procedure. This I think is an error. Explorative incisions for ovariectomy prove that the dread which was formerly entertained about opening the peritonæum was much greater than it should be. And if the reader will bear in mind the statistics already given, which prove that one-third or one-fourth of all operations for amputation of the inverted uterus end fatally, even while essaying, not cure, but palliation of symptoms at the cost of the uterus itself, he must admit that there are good grounds for questioning this conclusion, arrived at without mature reflection.

For the credit of the operation, imperfect as it was, the following facts must be borne in mind by the reader. The difficulties which attended it were none of them inherent to it, but depended upon want of experience as to its various requirements. The patient was subjected to it in a state of great exhaustion from other operations. The evils which followed it, and well-nigh frustrated its results, were due, not to it, but to section of the neck, performed a week before. So far as the operation itself was concerned, the patient recovered without an untoward symptom.

Before concluding my remarks I will venture some advice, based upon the experience recorded in this essay, as to the course which should be pursued in an ordinary case of inversion, and then offer a few suggestions for any one who, in a rebellious case, may be disposed to try the operation which I have described.

In a case presenting itself for the first time for treatment, I should use belladonna and the warm douche for a week, so as to relax the uterine tissue as far as possible, and then for another week employ pressure by means of a caoutchouc bag filled with air or water. After this I should employ taxis, for a period not exceeding one or two hours, once, or at most twice a week, in the meantime keeping up vaginal pressure by the caoutchouc bag, or, if the fundus were returned within the os, by closure of this after Emmet's method.

Having failed with these measures, and not before, I should resort to abdominal sec-

tion, modifying the operation which I performed in the following manner. Instead of employing a dilator of two limbs, I should employ one of four; and instead of dilating by the hand applied to the handles, I should distend the instrument by screws. Having distended its four limbs, I should keep the instrument in place for twenty-five or thirty minutes, so as to wear out the tendency to contract before any efforts at reduction were made. Even then, before removing the dilator, I should introduce between its limbs something which would exert a counter-pressure against the hand placed in the vagina. For this purpose I would suggest a hard rubber cylinder  $1\frac{1}{4}$  inches in diameter, \* \* \* \* which has a piston passing through its centre, and a shoulder or ridge encircling it. This ridge would answer for making counter-pressure; the walls of the cylinder would prevent closure of the cervical canal by contraction of its tissue; and the vacuum created within the inverted uterus, by retraction of the piston, would aid in reducing the body, when pressure is made upon it by the hand in the vagina. The shoulder might be made quite wide, so as to rest on the edges of the abdominal wound, while the extremity of the cylinder passed within the abdomen; or it might be made narrower, so as to pass into the abdomen, and rest on the edges of the cervix. \* \* \* \*

[This paper, as it appears in the *American Journal of Obstetrics*, is accompanied with wood-cuts representing some of the instruments used by Dr. Thomas. It illustrates, we think, what the French have called the *hardiesse* of American uterine surgery.—*Ed. B. M. & S. Journal.*]

## Medical and Surgical Journal.

BOSTON: THURSDAY, DECEMBER 23, 1869.

### THE CASE OF DR. SCHÆPPE AND ITS MORAL ACCORDING TO THE BOSTON DAILY ADVERTISER.

WE last week extracted from an article in a Washington paper a brief notice of this case, abstaining from comment and from forming an opinion upon it. The theory of the writer in the Washington paper seemed to be that the traces of prussic acid said to be found in the remains of the person whom Dr. Schæppe was convicted of murdering were not decided enough to

prove that the deceased was killed by that agent; that the physicians were not sufficiently known as morbid anatomists to give their opinions supreme authority; and that the report of those gentlemen as to the autopsy was too meagre to form a judgment upon. Especially, it was suggested, there was no sufficient evidence published to show that the deceased, who complained of feeling ill while out walking the day before her death, might not have died of Bright's disease. And, as she had been under the charge of an oculist, that specialist it is justly argued should have been interrogated as to whether or not he discovered such signs of that disease as the ophthalmoscope so often detects. These things, however, we receive for the most part as mere assertions. But, it is not questioned that a number of medical men and chemists have publicly declared that the evidence on which conviction was obtained was insufficient. And it is difficult, under the circumstances, to understand why there should have been any unwillingness to listen to all that could be said in favor of the prisoner's innocence—why he should be hurried into eternity without a hearing from a respectable and disinterested body of men, who are begging that the hand of the executioner may pause till the case of the accused be more carefully sifted than they think it has been.

The *Advertiser*, on the other hand, declares that Dr. Schæppe has been found guilty of murder after a very fair and cautious trial, and that those who have most thoroughly investigated the case are entirely convinced of his guilt. These things, too, are to us mere assertions. But, we trust that our cotemporary before making such assertions was among those who thoroughly investigated the case, and that he took reasonable care to ascertain that the other believing investigators were really more thorough than their opponents who disbelieve. We can, at all events, see no reason for a snap judgment in the matter. We presume the prison walls of Pennsylvania are strong enough to hold Dr. Schæppe until all doubt be removed. In saying these things, we beg to add that we are no opponent of capital punishment—have no desire to screen

murderers at the expense of subsequent victims. Furthermore, if any should assert that it is the spirit of clanship which has called forth professional protests against this execution, we point to the trial of Dr. (and Prof.) Webster, in which the government owed so much of its case to the medical witnesses, whose evidence is a bright example of truly expert testimony.

Now listen unto the *Advertiser's* logic! It says the man has been found guilty after a very fair and cautious trial; and yet in the preceding sentence declares that the case affords "no special lesson beyond that so often enforced, of the danger of accepting the evidence of experts, especially of medical experts, as decisive upon questions involving life and death." Take away from "among the testimony which convicted him" that allowed to be put in, "of several physicians who had examined the body of the dead girl" (the girl was 65 years old), and will the *Advertiser* say that it has so thoroughly investigated the other circumstantial evidence as to proclaim it sufficient for conviction of murder?

Medical experts! Nowhere have their shortcomings been more severely rebuked than in the columns of this JOURNAL. And yet is there any reason to suppose that the testimony of medical is worse than that of any other experts? Doctors have perhaps been more often called to testify in court as so-called experts than other classes of persons, and therefore attention has been specially directed to their deficiencies. But, let a newly erected and improperly constructed building fall to the ground, destroying valuable human life, and will there not be enough professed builders to come forward and testify as experts that the structure was well built? Are there many individuals, outside the State Prison, so bad that, if their integrity be called in question, they cannot find persons who may claim to be moral experts, who will take oath to their good character?

On one point we agree with the *Advertiser*, fallacious as we consider its reasoning upon the case above alluded to. The whole business of expert testimony needs thorough overhauling. The name of expert is too often a misnomer. Counsel are bound

by their duty to their clients to win their causes if they can. And, in a question as to a vessel's seaworthiness, for instance, they might almost put in the evidence of a ship-builder who makes shipping by the mile and cuts it off in lengths to suit customers. Experts should be appointed by the judges—and perhaps only the judges of the Supreme Court—with whom it would be the point of honor to select only persons of the highest eminence and experience in their several callings. If this had been practicable and had been done in the case of Dr. Schœppe, no one would have claimed that the medical testimony was at once so bad as to show the danger of accepting the evidence of experts, and so good as to leave no doubt of the point at issue—the guilt of the prisoner.

The "salient point" to our minds, in this matter, is not that of the *Advertiser*, but this—a number of physicians and chemists have pronounced the medical and chemical evidence at the trial of Dr. Paul Schœppe unsatisfactory, and it is therefore most fitting that before the executioner be bid to take away that which he cannot give—a human life—the case be re-examined, lest a judicial murder be committed.

THE SCHœPPE CASE; MEETING OF WASHINGTON PHYSICIANS; MEMORIAL TO GOV. GRARY.—We have received from Dr. Toner, of Washington, a copy of the *National Republican* of that city, containing a full report of a meeting of physicians belonging in Washington, at which assembly the case of Dr. Schœppe was fully discussed. We make a few extracts.

"In accordance with the invitation of a number of the prominent physicians of the District, a meeting of the medical practitioners, chemists and jurists of Washington and vicinity was held on Saturday, Dec. 11th, at 1 o'clock, in the Hall of the Medical Society, on F Street, corner of Tenth, for the purpose of reviewing the case of Dr. Paul Schœppe, now under sentence of death for the murder of Miss Steinbecke.

\* \* \* \* \*  
On motion of Dr. F. Howard, the Chair was requested to appoint a committee of five to report resolutions for the consideration of the meeting, and the chair appointed Drs. Howard, Antisell, Johnston, Toner

and Lieberman, who, after a short absence, submitted the following:—

"Resolved, That the published statements of the trial of Dr. Paul Schœppe do not contain any evidence of a scientific character which goes to prove that Miss Steincke died of the effects of prussic acid, or indeed of any other poison.

"Resolved, That so far as an imperfect examination of the body, made after a lapse of twelve days subsequent to death, will allow a conclusion to be drawn, and taking the history of the case into consideration, the aggregate of the evidence points to a natural death.

"Resolved, That a committee of five be appointed to prepare a memorial, to which the signatures of the meeting are authorized to be attached, and forward the same to the Governor of Pennsylvania, requesting executive clemency in this case."

\* \* \* \* \*

The following important letter was read:

"New York, Nov. 30, 1869. *His Excellency, Gov. J. W. Geary, Harrisburg*:—The undersigned, chemists by profession, have read in the papers that Your Excellency has issued your warrant for the execution of Dr. Schœppe, for the alleged crime of murder by poison.

"We have examined with care the chemical testimony upon which such conviction was had. A criminal act is alleged to have been proved by the evidence of a chemist, who testified to having discovered in the deceased indications of prussic acid. This scientific witness stated with precision the experiments upon which his opinion was based. These experiments were conducted in such a way that they would have given evidence of the presence of prussic acid in any ordinary healthy stomach. The first step in the examination, that of treating the stomach with sulphuric acid, precluded the possibility of determining whether the faint traces of prussic acid claimed to have been discovered existed in the stomach as such, or resulted from the action of the sulphuric acid on the nervous fluids which must have lined the interior of that organ.

"In view of these considerations, in the interest of scientific truth, and in the interest of a wise administration of justice, we have thought it our duty, though personally unacquainted with Dr. Schœppe, to express to you this our opinion, that the evidence of the presence of prussic acid, as such, in the stomach, upon which he was

adjudged guilty, is insufficient to sustain his conviction.

E. N. HORSFORD,  
Late Rumford Professor in Harvard University, Massachusetts.

R. OGDEN DOREMUS,  
Professor of Chemistry and Toxicology,  
New York Bellevue Med. College."

The proceedings were closed with the presentation of a memorial, which was signed by most of those present at the meeting. It runs as follows:—

"To Hon. John W. Geary, Governor of the State of Pennsylvania:—

"The memorial of the undersigned physicians, medical chemists and jurists, of the District of Columbia, respectfully shows that a careful review and examination of the facts and arguments in the case of the trial and conviction of Dr. Paul Schœppe, of Carlisle, Penn., for murder in the first degree, shows that the fact of administration of prussic acid, or of any other poison, was not proved. That the evidence of the chemist for the Commonwealth was defective, incomplete and insufficient to satisfy the mind of any expert that poison was found in the body; and that the other scientific testimony was so loosely given as to be of no value except to prove the probability of a natural death.

"In view of the foregoing, pointing out the insufficiency of the evidence on which Dr. Schœppe was convicted, as well as for the sake of humanity liable to be outraged by an act of injustice upon an individual free from the crime charged, we earnestly pray that the Governor will exert executive clemency in this case."

MEMORIAL TO CONGRESS ASKING JUSTICE FOR THE MEDICAL STAFF OF THE NAVY.—We have seen a memorial issued by some of the eminent medical men of Philadelphia, which asks that Congress take action with regard to the wrongs of our brethren of the quarter-deck. It is intended for signature by the officers of medical societies. A circular accompanying it well says:—

"The question of the position of the medical staff in the United States naval service is not merely one which affects the dignity and comfort of the medical officers. \* \* \* It is one which inevitably concerns the standing of the whole profession. \* \* \* Unless we take care by decided effort to show our determination to sustain every demand for due consideration on the part

of our fellows in public and private, who have proved their right to a position as respectable members of the profession, we need not hope to retain the influence in society to which we are entitled, but which it is the tendency of the day to undervalue; and which too many, especially among the accidentally and newly-prominent of our citizens, are inclined to disregard because they cannot comprehend it. \* \* \*

"This appeal and the memorial have not been either written or suggested by officers of the navy medical staff; and yet it need not be said that it meets the cordial approbation of those to whom they have been submitted."

The Department order of April or May of the current year, be it remembered, was one which resuscitated the evils which had been lessened during the war, and which stripped the staff officers of the rank which had been allowed them, reducing their pay and depriving them of proper quarters.

We have received the Forty-fourth Annual Report of the Managers of the Massachusetts Charitable Eye and Ear Infirmary, together with the Surgeon's Report. We make a few extracts:—

The officers for the year 1869-70 are:—*Managers*:—*President*, Edward H. Clarke, M.D. Edward Reynolds, M.D., J. A. Blanchard, J. Huntington Wolcott, Benjamin S. Rotch, Charles R. Codman, R. Sturgis, Jr., James Lawrence, S. K. Lothrop, Harvey Jewell. *Treasurer*, J. Wiley Edmonds. *Secretary*, Augustus Lowell. *Surgeons*, Robert W. Hooper, M.D., Gustavus Hay, M.D., Henry L. Shaw, M.D., Hasket Derby, M.D., Francis P. Sprague, M.D., B. Joy Jeffries, M.D., Microscopist and Curator of the Pathological Cabinet, Robert Willard, M.D. *Assistant Surgeon*, George W. Handy, M.D. *Matron*, Mary G. Watson.

"We consider it second to no one of our public charities in point of usefulness. Seventy-six thousand patients have received professional treatment at the Infirmary since its foundation in 1824, and in no one year of its operation so many as in the last, a considerable proportion of whom would otherwise have become helpless paupers for the want of sufficient sight to enable them to earn a living. It is not the indolent and worthless of the community who form the class from which the patients come, but chiefly the industrious, who are

actively engaged in occupations which cause injuries to the eye, and are ambitious to continue in useful employment." \* \* \*

"A glance at the subjoined table will show the number of beds in eye infirmaries, compared to the population, in some of the cities of the world where eye infirmaries and clinics exist.

| Cities.                | No. of Inhabitants. | No. of Beds. |
|------------------------|---------------------|--------------|
| Berlin, - - - - -      | 600,000             | 120          |
| Danzic, - - - - -      | 82,000              | 19           |
| Darmstadt, - - - - -   | 30,000              | 15           |
| Dorpat, - - - - -      | 14,000              | 24           |
| Dresden, - - - - -     | 128,000             | 50           |
| Dusseldorf, - - - - -  | 55,000              | 80           |
| Frankfort, - - - - -   | 80,000              | 12           |
| Freiburg, - - - - -    | 19,000              | 17           |
| Glasgow, - - - - -     | 490,000             | 24           |
| Halle, - - - - -       | 45,000              | 50           |
| Hanover, - - - - -     | 75,000              | 27           |
| Heidelberg, - - - - -  | 17,700              | 106          |
| Königsberg, - - - - -  | 17,700              | 44           |
| Lausanne, - - - - -    | 95,000              | 22           |
| Leipsic, - - - - -     | 80,000              | 31           |
| Ludwigsburg, - - - - - | 12,000              | 23           |
| Moscow, - - - - -      | 350,000             | 36           |
| Munich, - - - - -      | 165,000             | 40           |
| Prague, - - - - -      | 160,000             | 180          |
| Riga, - - - - -        | 65,000              | 75           |
| Stettin, - - - - -     | 65,000              | 19           |
| Stuttgart, - - - - -   | 61,000              | 20           |
| Turin, - - - - -       | 300,000             | 300          |
| Utrecht, - - - - -     | 57,000              | 44           |
| Vienna, - - - - -      | 554,000             | 92           |
| Wiesbaden, - - - - -   | 27,000              | 54           |
| Würzburg, - - - - -    | 38,000              | 30           |
| Zurich, - - - - -      | 40,000              | 45           |

"The Massachusetts Charitable Eye and Ear Infirmary has but thirty-nine beds, and yet its doors are open to all the needy inhabitants of the Commonwealth (numbering nearly one and a half millions), who require advice, assistance or operation. Patients are also seen from all other States and countries.

"Complaint has been made by the medical profession that the Infirmary, like other public charities, is abused by a large class in the community able to remunerate a physician for services rendered. The Surgical Staff, receiving no emoluments from patients or trustees, are alike independent of bias on the one side or the other. With strict justice towards applicants, they endeavor, as far as possible, to refuse those who are apparently abusing a public and private charity, although they cannot but realize that this refusal tends to allow patients to fall into the hands of inexperienced and unskilled practitioners. But it is also true that physicians frequently themselves send to the Infirmary patients who can amply afford to pay for advice, and refusal in these cases often causes unreasonable complaint."

*Operations*.—There have been two hundred and eighty-three operations. We quote the results as to cataract:—

|                                            | Total. | Successful. | Undetermined. | Unsuccessful. |
|--------------------------------------------|--------|-------------|---------------|---------------|
| Flap downwards, -                          | 1      | 1           | 0             | 0             |
| Linear operation, -                        | 3      | 3           | 0             | 0             |
| Disection - - -                            | 12     | 9           | 3             | 0             |
| Graze's method (peri-<br>pherie linear), - | 52     | 43          | 5             | 4             |
| Total - - - - -                            | 68     | 56          | 8             | 4             |
| Cataract - - - - -                         | -      | -           | -             | 68            |

From the interesting "Report on Surgery," by Dr. Lyman B. How, of Manchester, N. H., contained in the *Transactions of the State Society for 1869*, we make this extract:—

While it has thus been my privilege and my pleasure to congratulate you, Mr. President and Fellows, on the many and solid improvements recently made in our art, and on the readiness and even eagerness with which these have been adopted by the profession, I must lament over the pertinacity with which some of our brethren still cling to the constant employment of an agent which experience has abundantly proved to be but too often a deadly poison, so that the surgeon, whose very presence inspires the sufferer with firm hope of a prolonged life, is too frequently the very harbinger of a speedy death.

You will understand what I mean when I read an extract from a daily paper.

"Died on Christmas day, Mrs. J. S., of an over-dose of chloroform administered for the opening of a felon contracted in sewing for the poor. A coroner's jury was summoned to investigate, and they reported that the deceased died through misadventure, from the effects of three drachms of chloroform carefully administered."

Would that this were a solitary case! But the same item has appeared in a hundred papers at various times, with the name and the circumstances only changed. The report of the coroner's inquest might well be stereotyped for constant use in our weekly papers. Yes, every week counts its victim; every week a human being, assured of the perfect safety of chloroform, inhales its Upas fumes, and is hurried prematurely to his long account. Yes, chloroform is a *real* Upas tree. This time it is the growth of British soil, and has been transplanted thence to ours. The most eminent British surgeons (approaching from the windward side) keep propping up its inclining trunk. Its balmy odor, say they, "is sweet above all others; come, smell, and be exempt from pain"—in death. Why, as I write these very words, the June number of "*The Medical News*" is handed me, and glancing at the table of contents I

read "Deaths" (not death) "from chloroform," and turning to the page I read as follows:—

"Dr. Squibb communicated to the N. Y. Pathological Society a case of death from chloroform. The patient was the wife of a physician and the mother of eight children. Drs. Hutchinson and Krackowizer advised the removal of an epithelioma of the tongue. Dr. Squibb administered the anæsthetic from a pint bottle containing two ounces of chloroform into which a coil of paper was immersed—the chloroform rising to the top of the coil by capillary attraction. She came readily under the influence of the chloroform, and passed through the intoxicating stage quite rapidly, but, some sensation remaining in the tongue, profound anæsthesia was produced by allowing her to inhale from a napkin. No chloroform was administered during the operation, which was long and difficult, and during all the time her pulse remained good. After the removal of the growth, and just as Dr. K. was about to pass a stitch into the wound, the patient suddenly fainted, and despite all the efforts that were made for a long time, she never breathed again. It was Dr. Squibb's opinion that the cause of death was a direct poisoning of the nervous centres by the chloroform."

Surely there is no carelessness here. Dr. Squibb, one of the best of chemists, a physician who knows as much about chloroform as any man living, celebrated for making pure anæsthetics, has a lady right under his own eyes, and attributes the death to "direct poisoning of the nervous centres by the chloroform."

*Case Second:*—"Dr. Finnell exhibited to the same society a series of specimens consisting of the heart, &c., removed from a little girl 6 years of age who applied to the New York Eye and Ear Infirmary for treatment of convergent strabismus of the left eye. One drachm of chloroform was given, and then a second. Dr. Delafield proceeded to divide the internal rectus, while the patient was yet not completely under the influence of the anæsthetic. No more was, however, given. The child was quite restless during the operation, and a few moments after it was finished it was discovered that she had ceased to breathe. All the ordinary efforts to restore respiration usually made use of were futile. The time from the commencement of inhalation until death was fifteen minutes."

Then comes the same old account of the *post-mortem* appearances which have been published in magazines and works on pa-

thological anatomy and medical jurisprudence time and time again, which is just as satisfactory as an account of the *post-mortem* appearances of sun-stroke and death by lightning—they don't prevent our being obliged to see the same thing again and again.

This last case reminds me of one of the sad features of these deaths by chloroform, that they do not all occur during or after prolonged and critical operations, but very often when the anæsthetic has been administered for comparatively trivial purposes, and when very little has been given—such as for extracting teeth, or for operations for remedying slight defects of personal appearance, as in the second case already quoted. In trimming the wick a little, the whole flame was snuffed out, while the lamp of life was nearly full.

And another peculiarly sad feature of such cases is that death comes so unexpectedly, like lightning from a cloudless sky, and as suddenly: The confiding patient who has been promised speedy relief from suffering, submits herself calmly, yes, joyfully, to the physician's care, goes quietly to sleep and awakes only in another world. *Iatros* was sent for, but *Atropos* came.

But do circumstances warrant this severity of language? Let us see. In the April number of the journal already quoted from are three deaths from chloroform. One that of a chemist of Sheffield who was about to have a piece of diseased bone removed from his leg. The account says "the patient's heart and lungs were examined prior to the use of the chloroform, and the quantity employed was exceptionally small; yet, after inhaling for but three minutes, the heart ceased to beat and the man was a corpse." Of the two other deaths, one occurred at the Leeds Infirmary, and the other at St. Bartholomew's Hospital. In the February number there are no less than five deaths reported from this "invaluable agent," which a recent English work says "has superseded ether." In these five cases, all English, it certainly "superseded" life. In one case it was inhaled to relieve pain in the face, in another for asthma, in a third for amputation, in a fourth for an operation for fistula, and in the fifth to a lady for extracting teeth—in which case the coroner's jury reported that "more than the usual precaution had been taken." In the January number is a lecture by Professor Billroth of Vienna over another sudden death. The professor talks very learnedly about the symptoms of impending collapse and about the *post-mortem* appearances, and about in-

dividual idiosyncrasies. He says "people die suddenly and unaccountably from tetanus or erysipelas after surgical operations;" all of which is a poor consolation to the relatives of the dead man, and no better reasoning than if he had said "people die natural deaths sometimes; therefore, let us kill somebody." He acknowledges the danger attending the use of his favorite anæsthetic when he advises his pupils never to administer it alone, but by all means to have at least one assistant with them," and when he gives explicit direction about artificial respiration and tracheotomy, and galvanism. But he says not one word about ether except this:—"The singular idea that a mixture of chloroform and ether is less dangerous than either of these substances used separately has been abandoned."

Here are eleven cases reported this year in six months in one medical journal. If we examine the same for 1868, we shall find fourteen cases, and in 1867, twelve, thus making thirty-seven deaths from chloroform reported in one small medical journal in two and a half years.

I set out with the intention of making a complete table of all the reported deaths from chloroform in the last five years, but I feel sick enough at heart already. Surely here are statistics enough whereon to base reliable conclusions. And does anybody believe that all the accidents from this agent find their reluctant way into our periodicals? The editor of the *Lancet* reports two deaths, the particulars of which he learned accidentally in private conversation. M. Barrier of Lyons states that "five deaths have occurred there to his knowledge, and only one case has been reported." No, no; the surgeons under whose observation these terrible calamities happen are far from anxious to see their names in print in such an unfortunate connection. And besides these who have died, how many do you suppose there are who have narrowly escaped death and have had the breath of life restored to them by artificial respiration and stimulants and galvanism? I can report three such cases; one where I was holding the deadly weapon myself. The patient came partially out from under the influence of that "perfectly safe mixture" of chloroform and ether, and I poured a little more on the cloth. Only two inspirations were taken when the pulse stopped beating under my finger, and the chest was as quiet as in death. Oh, the agony of those moments, seeming hours, while artificial respiration was being kept up and

strong ammonia applied! The anguish of bereaved parents, the coroner's investigation, perhaps blighted professional hopes—how they all rose up before me like a *fata morgana*!

Now, if we turn from all this and inquire what fatality has attended the use of ether of late years, we learn that there is not one single death attributed directly to it. Here we have complete safety substituted for imminent danger. We can give it without feeling obliged "to have at least one assistant with us," and without feeling ill at ease if the pole of a battery is not applied to the patient's neck ready for instant use. Yes, we can leave it to our patients to inhale themselves to relieve pain and go to our beds free from all anxiety. Surely, were Sydenham living, he would rank ether side by side with opium as the *magna dona Dei* to suffering mortals.

Now, what are the arguments employed by those who continue to use chloroform?

First, "It is only occasionally fatal."

So is ballooning. But who wants to "go up" either way? Professor Billroth has seen chloroform administered twelve thousand times, and has lost but one patient by it. But the fatal time came at last. "I have made ten quick trips with that boat," said the owner of a sheet-iron boiler on the Ohio river. "Then thank God for your past good luck," said the government inspector, "and don't tempt death any longer." Must we all keep giving chloroform till we lose a man? And besides, who wants to be the five-hundredth, or even the twelve-thousandth man to be stricken from life as by a thunderbolt?

Secondly, "Chloroform is more speedy in its effects, and it smells better than ether."

So does prussic acid.

Thirdly, "It requires less of it and it is more portable."

I would rather carry around a quart of ether than two ounces of chloroform and a bottle of ammonia and a powerful galvanic battery.

Fourthly, "It produces less nausea."

But it kills!

A beautiful monument has been erected in the Public Garden in Boston in commemoration of the most precious of modern discoveries, ether, and I would humbly suggest that there be erected over against it one of black marble in memory of the victims of chloroform. The names of the deceased could not all be inscribed on it in very large letters, but the initials might be. On the pedestal let there be an Englishman dying.

With one hand let him tightly clutch a bottle of chloroform, and with the other let him be "throwing up the sponge."

True, ether has an unpleasant odor, and it frequently nauseates, and it is more inconvenient for us to administer it; but all these objections sink into utter insignificance when we merely mention the paramount fact that it is *safer* than chloroform. I do not wonder that John Bull should stick to chloroform so pertinaciously, for it is a child of his own, and with the next best to ours; but why we should adopt a child who will let death into our houses while we are sound asleep surpasses my comprehension.

I very much doubt whether Providence will ever vouchsafe us an anæsthetic the use of which will be unattended with inconvenience. There are obvious objections to it—such as the temptation to immoderate use of it. Men would drown in its fumes the remembrance of their sins. A perfect anæsthetic, "a sweet, oblivious antidote," a real nepenthe, will not probably be discovered in this world. We shall only find it when we pluck "the leaves of the tree of life." But we will strive for it as we do after moral perfection.

CLERICAL PATRONS OF VENEREAL.—Free trade in syphilis is the novel principle which certain clergy, under the leadership of a Dr. Charles Bell Taylor, have taken under their protection; and we are enabled, at least, to congratulate the Church on the ample field for their crusade which the subject affords them. In the Public Health Section of the Social Science Congress, Dr. Berkeley Hill had communicated the statistics of the working of the Contagious Diseases Act. He was followed by Dr. Taylor *contra*, and a scene followed, which is thus described by the *Times* reporter:—

"There then followed a scene of great confusion and disorder. A large number of persons, many of them apparently clergymen, had come to the meeting for the express purpose of protesting against the Act. In debate the advocates of both sides waxed warm, and the enthusiasm of those who fancied they saw in physical disease a Divine judgment against moral transgression was obviously much in the ascendant over the calmer views of more reasonable men. Excited gentlemen in white cravats surged tumultuously over the benches, vociferated, half a dozen at once, set the Chairman to rights about his ruling on points of order, and loudly applauded whatever seem-

ed to tell in favor of their views. At length, after a time probably without a parallel in the history of science congresses, and after resolutions and amendments had been put and stormed over, a resolution in opposition to the extension of the Act was carried by about two to one in a meeting of rather more than 100."

Cannot the vaccino-maniac fraternity take powers to add to their number by the annexation of these persons? They would be as impervious to facts, arguments, or good taste as could be desired for the service; and free trade in smallpox might be consistently combined in one agitation with free trade in the larger variety.

When persons who disclaim the possession of eyes, ears, and senses obtrude themselves into an assemblage of sensible men, they may at least be not unreasonably expected to keep down their effervescence. Their theory that syphilis is to be encouraged for penal purposes is hardly worth noticing.—*Dublin Med. Press and Circular.*

**MRS. WINSLOW'S SOOTHING SYRUP.**—A correspondent of the *California Medical Gazette* writes to that journal as follows:—

Some weeks since I was called to an infant of six months old, who was in a dying condition, apparently from the effects of a narcotic poison. It had taken no medicine except this soothing syrup, of which it had taken, within ten hours, two doses of about one teaspoonful each. I had the syrup, from which these doses were given, analyzed by a skilful chemist. There were 10 drachms of soothing syrup in the vial, and it yielded of morphine and other opium alkaloids, 1 14-100 grains, very nearly one grain to the ounce of syrup. This result astonished me. The printed directions for administering the medicine are as follows:—

"For a child under one month old, 6 to 10 drops; three months old, half a teaspoonful; six months old and upwards, one teaspoonful three to four times a day until free from pain. In dysentery repeat the above dose every two hours, until the character of the disease is changed for the better." Here we have a dose of morphine equal to 10 drops of laudanum, given to a child of three months old every two hours, and double the quantity to a child of six months old.

I have always discountenanced the use of this preparation as I did not know its composition, and supposed it contained some anodyne, but I had no idea of its deadly strength. It is a familiar fact that children

are very perceptible to the influence of opium, and four drops of laudanum has been known to kill an infant of nine months. I think it important that this analysis should be published, that the profession, and through it the public, may be warned of the fearful effects of administering this dangerous and popular nostrum. The quantity used in the community is enormous; doubtless it has killed hundreds of children, and would kill thousands, were it not that by beginning in very small doses and gradually increasing, a tolerance of the immediate poisonous effects is induced, although the miserable little victims of domestic drugging are reduced to puny and cachectic creatures, that are carried off by the first disease that takes hold of them.

The specimen of soothing syrup analyzed was made by Curtis & Perkins, of New York, who are the only manufacturers. I have ascertained that there are about one hundred thousand two-ounce bottles of it sold annually in San Francisco, making two hundred thousand ounces of Mrs. Winslow's soothing syrup, containing about one hundred and eighty thousand grains of morphine, which are given annually to the babies of this State. No wonder that one-third of them die before they reach the age of two years!

FROM one of the Bulletins of the Public Library of the City of Boston for 1869, we take the following announcement to the medical profession:—

"It is not supposed we hazard a denial, if we assert that the Public Library of Boston offers facilities for investigation in medicine and surgery not equalled by any other collection in New England, and surpassed by few in the country, as it numbers at present not much short of six thousand volumes. Besides this, there is a large collection of pamphlets, all of which are now arranged, and will be, before many months are passed, catalogued, bound, and placed on the shelves. This department embraces over five per cent. of the entire general collection in the Bates Hall; and, heretofore, the use of this section has been over six per cent. of the whole issues of this hall. The profession in Boston and vicinity maintain so high rank in the investigations of their science, that it needs but be known how excellent a working apparatus this library offers them greatly to increase its usefulness. The ordinance of the city for the government of the library restricts the circulation of its books to 'the citizens and

residents" of the city; but no visitors are ever denied the use of the books within the building. We aim in this department, as in every other, to be the literary purveyors of every class of students and investigators; and we rarely refuse to procure, through our agents in all the great book-marts of the world, any special monograph or other work that may be needed by any user of the library, if we do not chance already to possess it. Specialists may prefer to buy the particular books that they most require, rather than frequent a public library for the same, but there are some works, like Mascagni's *Anatomia Universa* (of which we have a magnificent colored copy), that few private collectors can well afford to purchase; while still others, like the long sets of the important journals of all countries, are too extensive for private shelves. Most of these last the medical student will find in this department of our library. The physiologist will find here a very excellent gathering of works on physiology. The larger part of Professor Brown-Séquard's library, when he left this country, was transferred to our shelves; and pains were taken to supply such deficiencies as we then had left. If any are still noticed, we should be glad to be informed of them.

AMERICAN NAVAL STAFF RANK, AND THE CASE OF SURGEON GREEN, FROM A PARISIAN POINT OF VIEW.—Under the head of "Military Despotism in the United States," the *Union Médicale* inveighs against the grievances of our naval brethren. Only it lays the chief blame on "General Grant," who probably has had no more to do with them than the man in the moon. Our Parisian *confrère*, however, makes some very just remarks on the treatment of Surgeon Green, concluding with these words:—Here is a man condemned for having done his duty, and by those who should have praised and rewarded him. It appears that liberty is not always a guaranty against iniquity; and that despotism exerts its baleful influence everywhere.

A MIRACULOUS DOCTOR.—Another prodigy of healing has become the rage in Paris, and the *bourgeoisie* are running after him with all the impulsive volatility of Parisians.

This new star is Dr. Girard von Schmitt. Already great people have availed themselves of his powers, said to be unequalled. Dr. Schmitt is supposed to have cured

Alexandre Dumas of cancer of the tongue, and a not less serious throat disease. He has healed M. de Barrère, Consul at Jerusalem, of a scorbutic affection, accompanied with gangrenous ulceration; relieved the Countess of Aack of a rheumatismal affection, from which she has suffered for fifteen years; saved Madame Brégean from cancer of the eye; protected thousands of other persons, if not from death, at least from fearful pangs. The editor of *L'Union Médicale* says, that on a visit to his house he saw there, "invited by the new-born celebrity of the young and skilful practitioner, patients of all nationalities."

Have we not Schmitts of our own? Where is Du Barry and the wonderful cure of a fifteen years' cough, No. 69,342?—*Dublin Medical Press and Circular*.

#### DEATHS FROM CHLOROFORM.

A man, æt. 50. Scotch chloroform administered on lint. "There were present at the time two honorary surgeons and an honorary medical officer, the latter of whom kept himself informed of the state of the patient's pulse, having his finger on it during the entire time. When I had administered the first dose, which consisted of about twenty drops, I proceeded to administer the second one, and, as I was about to apply it to the patient I was warned to desist, as his pulse had suddenly ceased. In an instant all appliances were brought into use for restoring the patient, but without effect."

The gentleman who reports the case concludes his record of the *post mortem* with the remark, that he is "inclined to think that no organic disease played any important part with regard to its unfortunate termination."—*Med. Times and Gazette*.

*Death from Chloroform.*—We find the following brief record in the *Chicago Medical Journal* of August last, of a case which occurred in "The County Hospital."

April 16th.—"Caries of ankle-joint, preparing for amputation. Middle-aged man, anæmic. Chloroform administered with a folded towel in a judicious and careful manner. One minute after the first inspiration a convulsive movement of the extremities occurred. A few seconds later the chloroform was removed and his head declined. After four or five convulsive inspirations at long intervals, he ceased to breathe. Face livid; pupils dilated; eyes and jaws open. The heart's action was maintained for forty minutes."—*Medical News and Library*.

## Medical Miscellany.

E. LLOYD HOWARD, M.D., and T. S. LATIMER, M.D., announce to the profession a new medical monthly, to be published in Baltimore and styled *The Baltimore Medical Journal*. The plan of this journal will embrace original communications, selected articles and translations—from home and foreign sources; reviews and bibliographical notices, with editorial notes on the current medical topics.

**NEW REACTIONS TO DISTINGUISH BETWEEN PHENOL (CARBOLIC ACID) AND CREOSOTE.**—Mr. Crump has communicated the following reaction to the *Chemical News*:—If fragments of caustic potash be added to a solution of phenol in chloroform, the potash becomes covered with a rose-colored coat, and when potash has been added, equal in quantity to about three times the weight of the phenol, the final result is a brown amorphous mass, soluble in alkaline liquids, and precipitated therefrom by acids. It seems to be a mixture of two substances. The second of these substances when treated with tetrachloride of carbon gives no reaction in the cold, but at 100° C. the liquid assumes the color of rosolic acid. When creosote from wood-tar is treated with chloroform and caustic potash, a reaction takes place very similar to that with phenol, but the product of the reaction is quite different, forming with sulphuric acid a deep crimson solution, from which a dingy green precipitate is thrown down by dilution. Moreover, the substance produced from phenol in alkaline solutions colors silk or wool brown, while those from creosote have no coloring power at all. —*Dublin Medical Press and Circular*.

**A NEW LESION IN BRIGHT'S DISEASE.**—Gouverneur M. Smith, M.D., Attending Physician to New York Hospital, calls attention to *deafness*, which is sometimes developed during the course of Bright's disease. This symptom, when transient and accompanying a lethargic condition of the patient, has been properly attributed to uræmia. The same symptom, however, in conjunction with others, aural in character, may be permanent, in which case he ascribes their occurrence to a peculiar *lesion of the ear*; a lesion peculiar in that it holds a relationship to the nephritic disorder, and is not, so to speak, of accidental origin.

Is it not proper to view the association of the *aural and nephritic lesions* in the same light as we regard the occasional co-existence of the ocular and renal?

He would ask the attention of those surgeons who are making aural affections a special study, to the opinion just expressed in reference to a Brightian lesion of the ear. It would seem desirable, when treating patients affected with obscure auditory diseases, to examine their urine both chemically and microscopically. A latent Bright's disease may thus be detected, and the cause of the aural malady thus be explained. —*New York Medical Record*.

**WOMEN AT CLINICS IN NEW YORK.**—Our New York correspondent writes:—"In New York the medical students are much more gallant than their brethren in Philadelphia. They permit the female

students to be present at all the clinics without any manifestation of unpleasantness; and occasionally we have seen a flirtation carried on by way of comparing notes." Of course this is exceptional, but none the less a fact. —*Medical and Surgical Reporter*.

**TO CORRESPONDENTS.**—Communications accepted:—Poisoning by Cyanide of Potassium—Cataract, &c., a Review—Double Spontaneous Dislocation of the Lens.

**BOOKS AND PAMPHLETS RECEIVED.**—Annual Report of the Board of Regents of the Smithsonian Institution, showing the Operations, Expenditures and Condition of the Institution for the year 1868. Pp. 474.—The American Literary Gazette and Publishers' Circular. Christmas, 1869. A complete list of illustrated and other books suitable for Presentation and Rewards.—The Lady's Almanac for the year 1870. Boston: George Coolidge, 289 Washington Street. Small 24mo. Pp. 128. Cloth, gilt. Price 50 cents. Mailed post paid.—The Old Franklin Almanac for 1870. Containing a great variety of Statistics, Chronological Tables, and other useful matter. Philadelphia: A. Winch, 535 Chestnut St. Bro. Pp. 68. Price 20 cents.—Eulogium on Thomas C. Brinsmade, M.D. Read before the Kearsarge County Medical Society, by George H. Hubbard, A.M., M.D. Pp. 12.—Report of the best methods of Treatment for different forms of Cleft Palate. By William R. Whitehead, M.D., New York. Extracted from the Transactions of the American Medical Association. Pp. 12. With colored illustrations.

**DIED.**—In Potter township, Ontario Co., N. Y., Hazard Arnold Potter, M.D., aged 58—was graduated M.D. at Bowdoin College in 1835.

**Deaths in sixteen Cities and Towns of Massachusetts for the week ending Dec. 18, 1869.**

| Cities and towns. | Number of deaths in each place. | Prevalent Diseases. |                |                |        |
|-------------------|---------------------------------|---------------------|----------------|----------------|--------|
|                   |                                 | Consumption.        | Scarlet Fever. | Typhoid Fever. | Croup. |
| Boston . . . 83   | 12                              | 9                   | 1              | 1              | 1      |
| Charlestown 21    | 5                               | 1                   | 1              | 0              | 0      |
| Worcester . . 11  | 2                               | 0                   | 3              | 0              | 0      |
| Lowell . . . 20   | 6                               | 2                   | 0              | 2              | 2      |
| Milford . . . 6   | 0                               | 1                   | 0              | 0              | 0      |
| Chelsea . . . 5   | 0                               | 2                   | 1              | 0              | 0      |
| Cambridge . 12    | 3                               | 2                   | 0              | 1              | 1      |
| Salem . . . 9     | 1                               | 1                   | 0              | 1              | 1      |
| Lawrence . . 5    | 0                               | 1                   | 0              | 0              | 0      |
| New Bedford 9     | 0                               | 1                   | 0              | 0              | 0      |
| Springfield . 7   | 0                               | 0                   | 1              | 0              | 0      |
| Pittsfield . . 3  | 0                               | 1                   | 0              | 0              | 0      |
| Gloucester . . 8  | 2                               | 2                   | 3              | 0              | 0      |
| Pitchburg . . 2   | 1                               | 0                   | 0              | 0              | 0      |
| Taunton . . . 9   | 3                               | 1                   | 0              | 0              | 0      |
| Newburyport 7     | 2                               | 0                   | 0              | 0              | 0      |
| Somerville . . 5  | 0                               | 0                   | 1              | 1              | 1      |
| Fall River . 12   | 3                               | 1                   | 0              | 2              | 2      |
| 233               | 40                              | 21                  | 11             | 8              | 8      |

GEORGE DERRY, M.D.,  
Secretary of State Board of Health.

**DEATHS IN BOSTON for the week ending December 18, 69.** Males, 40—Females, 43.—Abscess, 1—accident, 3—apoplexy, 2—disease of the bladder, 1—congestion of the brain, 2—bronchitis, 4—consumption, 12—croup, 1—debility, 1—diarrhea, 2—diphtheria, 1—dropsy, 2—dropsy of the brain, 2—drowned, 1—erysipelas, 1—scarlet fever, 2—typhoid fever, 1—gastritis, 1—hemorrhage, 2—disease of the heart, 1—infantile disease, 2—influenza, 1—insanity, 1—intemperance, 1—disease of the kidneys, 3—disease of the liver, 2—inflammation of the lungs, 10—cerebro-spinal meningitis, 1—old age, 4—paralysis, 1—pleurisy, 1—premature birth, 1—puerperal disease, 1—pyæmia, 1—rheumatism, 1—scrofula, 1—ulcers, 1—unknown, 6—whooping cough, 1.  
Under 5 years of age, 26—between 5 and 20 years, 6—between 20 and 40 years, 17—between 40 and 60 years, 17—above 60 years, 17. Born in the United States, 47—Ireland, 28—other places, 8.